

Intake Date	Discharge Date	Last Name	First Name	DOB	AGE	Gender
-------------	----------------	-----------	------------	-----	-----	--------

Race	Disability (Y/N)	Limited English Proficiency (Y/N)	Transportation Disadvantaged (Y/N)	Number of Pets	Homeless (Y/N)
------	---------------------	--------------------------------------	---------------------------------------	----------------	-------------------

Prior Residence Category	Prior Residence Details	COVID Exposure	Exposure Date	Symptomatic? (Y/N)
--------------------------	-------------------------	----------------	---------------	-----------------------

Date Symptoms Started	COVID tested? (Y/N)	Specimen Collection Date	Test Results	Client's Contact Info	Case worker Name
--------------------------	------------------------	-----------------------------	--------------	-----------------------	------------------

Case worker's Contact Info	Comments and Notes
----------------------------	--------------------

Variable	Definition
Intake date	Date client completed an intake at the facility
Last Name	Client's last name
First Name	Client's first name
DOB	Client's date of birth
AGE	Clients age
Gender	Client's gender identity, ideally provided by client self-report
Race	Primary race, ideally provided by client self-report
Ethnicity	Primary ethnicity, ideally provided by self-report
Homeless (Y/N)	Is the client homeless?
Prior Residence	Where the client was residing immediately prior to transfer to the site
Prior Residence Details	Name and/or street address of residence immediately prior to transfer. Note: If no street address or name available, because client was unsheltered, describe the general area where client usually resided using closest cross streets, landmarks, or similar information.
Disability (Y/N)	Does the client have a disability? <i>Person with a disability</i> is typically defined as someone who (1) has a physical or mental impairment that substantially limits one or more "major life activities," (2) has a record of such an impairment, or (3) is regarded as having such an impairment.
	Does the client have limited English proficiency? Persons may be considered to have <i>Limited English proficiency</i> if English is not their primary language and they have difficulty communicating effectively in English.

	Is the client transportation disadvantaged? <i>Transportation disadvantaged</i> includes those persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped or high-risk or at-risk.
Transportation Disadvantaged (Y/N)	How many pets does this client have with them? If none, enter 0.
Number of pets	Is the client exhibiting COVID symptoms?
Symptomatic (Y/N)	Date of onset of first COVID symptom
Date Symptoms Started	Has the client been tested for COVID
COVID tested?	Date client was tested for COVID. Provide the best estimate if exact date not known by the client.
Date COVID Specimen Collected	
Covid Test Result	Result of COVID test
	Information that can be used to contact the client. Include all of the following, if available: client's phone number(s); client's email; a mailing address that can be used to reach the client.
Client's Contact Info	Full name of case worker, if applicable
Case worker Name	Information that can be used to contact the client's case worker, if applicable. Include all of the following, if available: phone number(s); email; a mailing address that can be used to reach the case worker.
Case worker's Contact Info	
Comments and Notes	Any additional comments or notes about the client

Format

mm/dd/yyyy

Free text

Free text

mm/dd/yyyy

Numeric

Male; Female; Male-to-female (MTF)/transgender female/trans woman; Female-to-male (FTM)/transgender male/trans man; Genderqueer/neither exclusively male nor female; other category; prefer not to state

American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, Native Hawaiian or Pacific Islander, White, Multi-race or Two or More Races, Unknown
Hispanic; non-hispanic
Yes; No

Homeless Shelter, Unsheltered (General), Unsheltered (Encampment), Treatment Facility, Hospital, Vehicle, Private Residence, Corrections, SNF, Unknown, Other (Specify)

Free text

Yes; No

Yes; No

Yes; No

Numeric

Yes; No

mm/dd/yyyy

Yes; No

mm/dd/yyyy

Positive; Negative; Indeterminate;

Pending; Unknown

Free text

Last name, first name

Free text

Free text